



South Dakota Department of Health  
Office of Licensure & Certification

4101 W. 38<sup>th</sup> Street, Suite 102  
Sioux Falls, SD 57506-0741  
(605)367-7499 or (605)367-4640

## CNA Training Enrollment Verification

### Nurse Aide Instructions:

1. Print this CNA Training Enrollment Verification Form, complete section A-2 of this form, and then forward this form to your current employer, organization, or school, so they can complete Section A-3 (CNA Training Enrollment Verification).
2. Your current employer, organization, or school must return this completed form to you to upload with the CNA Initial Application.

### Section A-2 (Nurse aide will complete this section)

Name (first, middle, last):

Social Security Number:

Date of Birth (mm/dd/yy):

*I hereby request and authorize my employer/organization/school to release the information requested on this form to the SD Department of Health for certification purposes.*

Signature of Nurse Aide:

Date:

### Section A-3 (Employer, Organization or School will complete this section)

### Employer/Organization/School Instructions:

1. Complete section A-3 with applicant's employment background information.
2. Return the completed form to the Nurse Aide applicant to upload with the CNA Initial Application.

**Please note the following rule: 44:74:02:06 Grounds for revocation, denial, or suspension of nurse aide certification.**

☐ This nurse aide has no record of abuse, neglect, or misappropriation, nor is there any pending action.

☐ I affirm that, to the best of my knowledge, all information provided on this verification is complete, true, and correct.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Employer/Organization/School:

Address:

City, State, Zip:

Telephone:

Employer, Organization or School Representative Signature/Title:

Date:

**Nurse aide: Please upload this form after you have completed the CNA Initial Application. If you are unable to upload the form, please call (605)367-7499 or (605)367-4640. Thank you.**